Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			4				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		• 0		]	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		<u>* 0_</u>			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							Į.	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II								'			OTHER	THAN
						(Column	3)	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	٠ ٦	Minus	** 3	0	=		X\$ 9=		OR	X\$18= <sup>4</sup>	
AME	Independent	٠ ٠	Minus	*** 3	5 01 4114	=	_	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
										OR	TOTAL ADDIT, FEB	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			,	-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESEN EXTRA	т	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus	** 2	0			X\$ 9=	1	OR	X\$18=	) ,
ME	Independent	* 3	Minus	***	<u>3</u>	=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+140=		OR	+280=,	
										OR	TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT (Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESEN EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***			EST	AMA	LABL	E <sub>R</sub>	[@P/	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously P	aid For" (Total o	or Independ	dent) is the	highest nu	mb r fo	und in the ap	propriate bo	x in co	olumn 1.	